

## **APPENDIX C**

### **OUTLINE FOR WRITTEN NARRATIVE STATEMENT ON**

#### **PROPOSED ADULT OR PEDIATRIC DAY HEALTH SERVICES FACILITY**

1. Describe the philosophy, goals and objectives for providing medical and ancillary health services to a non-resident population in an ambulatory care setting supportive to their community living.
2. Describe the physical facilities to be used for the proposed Adult or Pediatric Day Health Services Facility (diagram acceptable).
3. Describe the proposed Adult or Pediatric Day Health Services Facility, including hours of operation; services to be provided, in-house and/or arrangement and staff who will be implementing the program.
4. Provide staff position descriptions and state qualifications of personnel selected for each position.
5. State total number of participants who will be served by the Adult or Pediatric Day Health Services Facility and give anticipated daily population.
6. Submit a projection of costs to be incurred by the Adult or Pediatric Day Health Services Facility. State the period of projection and provide the basis of cost allocation if applicable.
7. Will the Adult or Pediatric Day Health Services Facility be funded by other than Title XIX; i.e., Title XX and Title III?
8. Is the proposed Adult or Pediatric Day Health Services Facility a new facility or an expansion of an existing facility?
9. Additional comments relevant to the application for Adult or Pediatric Day Health Services Facility under the New Jersey Medicaid Program.